



Center for Health Statistics
P.O. Box 47814
Olympia WA 98504-7814
360-236-4300

Supporting Affidavit

I, _____, declare under penalty of perjury under the laws of
First Name Middle Name Last Name

Washington State that the following is true and correct:

_____, sex _____, was born on _____
Child's First Name Middle Name Last Name MM/DD/YYYY

in _____ in the county of _____, state of Washington.
City or Town

Father/parent birth name _____, and father/parent was
First Name Full Middle Name Last Name

born in _____ in the state or country of _____.
City or Town

Mother/parent birth name _____, and mother/parent was
First Name Full Middle Name Birth/Maiden Last Name

born in _____ in the state or country of _____.
City or Town

I am related to the above named child as _____ and I know or have reason
(Parent, Brother, Sister, Aunt, etc.)

to believe the facts concerning the above birth to be true because: _____

Affiant's Signature _____ Phone (_____) _____

Mailing Address _____
Street or P.O. Box City or Town State Zip Code

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20_____

(seal or stamp)

NOTARY PUBLIC in and for the State of Washington,

Residing at _____
City or Town

Notary commission expires: